

RECEIVED
CENTRAL FAX CENTER**FOX • ROTHSCHILD LLP**

JUN 01 2006

ATTORNEYS AT LAW
A PENNSYLVANIA LIMITED LIABILITY PARTNERSHIP

MAILING ADDRESS P.O. Box 5231 PRINCETON, NJ 08543-5231

PRINCETON PIKE CORPORATE CENTER 997 LENOX DRIVE BUILDING 3 LAWRENCEVILLE, NJ 08648-2311

VOICE: (609) 896-3600

FAX: (609) 896-1469

DATE: APRIL 7, 2006

FACSIMILE TRANSMITTAL SHEET

TO:	COMPANY:	FAX NUMBER:	PHONE NUMBER:
Patent Department	USPTO	571-273-8300	571-272-1000
FROM:	PHONE NUMBER:	EMAIL:	BILLING NUMBER:
Gerard P. Norton	(609) 844-3020	gnorton@foxrothschild.com	1472
NUMBER OF PAGES:	CHARGE FILE #:	PRIORITY:	LOG NUMBER:
3	48169.00016	REGULAR	

IF YOU DO NOT RECEIVE ALL OF THE PAGES,
PLEASE CALL (609) 896-7668 AS SOON AS POSSIBLE.
ORIGINAL DOCUMENT WILL NOT FOLLOW BY MAIL

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ FOR YOUR INFORMATION

NOTES/COMMENTS:

US Patent Appln 10/721,693; filed November 25, 2003; Inventor: Kammerer, William F.; for
"TREATMENT OF NEURODEGENERATIVE DISEASE THROUGH INTRACRANIAL DELIVERY
OF siRNA"

1. Transmittal Form (1p.)
2. Power of Attorney (1p.)

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL
INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF
THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED
THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY
PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY
NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS
VIA THE U.S. POSTAL SERVICE. THANK YOU.

**RECEIVED
CENTRAL FAX CENTER**

JUN 01 2006


PTO/SB/21 (09-04)

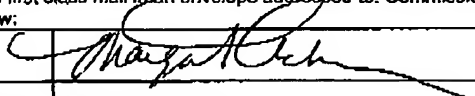
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/721,693
	Filing Date	November 25, 2003
	First Named Inventor	Kammerer, William F.
	Art Unit	1635
	Examiner Name	Wollenberger, Louia V.
	Attorney Docket Number	P11089.00 (48169.00016)
Total Number of Pages In This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input style="width: 100%;" type="text"/>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Fox Rothschild LLP	
Signature		
Printed name	Gerard P. Norton	
Date	June 1, 2006	Reg. No. 36,621

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Margaret Ackermen	Date June 1, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81 (01-09)

Approved for use through 12/31/2008. OMB 0551-0036

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/721,693
Filing Date	November 25, 2003
First Named Inventor	Kammerer, William F.
Title	Treatment of Neurodegenerative
Art Unit	1835
Examiner Name	Wollenberger, Louis V.
Attorney Docket Number	P1069.00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

29880

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Kenneth J. Collier</i>	Date	5/31/06
Name	Kenneth J. Collier	Telephone	763-506-2521
Title and Company: Principal Patent Counsel, Medtronic Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required: see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.